



Substance Abuse and Mental Health Services Administration DISASTER TECHNICAL ASSISTANCE CENTER

RESOURCE LIST

Children and Disaster

Prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC), ESI, under contract with the Emergency Mental Health and Traumatic Stress Services Branch, Center for Mental Health Services, SAMHSA.

Peer-Reviewed Journal Articles

Baker, D.R. (2002). A public health approach to the needs of children affected by terrorism. *Journal of the American Medical Women's Association*. 57(2): 117-8,121.

Children who have witnessed large-scale disasters exhibit emotional, physical, and psychological reactions, and the recent terrorist attacks may have also increased the risks of substance abuse and mental illness. The author argues that a public health strategy is needed to address the needs of America's children.

Barber Starr, N. (2002). Helping children and families deal with psychological aspects of disaster. *Journal of Pediatric Health Care*. 16(1):36-9.

This article discusses strategies for nurse practitioners to help children cope with disasters. The author includes a selection of age-appropriate resources and offers advice for parents.

Beauchesne, M.A., Kelley, B.R., Patsdaughter, C.A., and Pickard, J. (2002). Attack on America: Children's reactions and parents' responses. *Journal of Pediatric Health Care*. 16(5):213-21.

This is a descriptive, qualitative study, following September 11, about the types of anxiety expressed by children and parents' response to children's concerns.

Bonnerjea, L. (1994). Disasters, family tracing and children's rights: Some questions about the best interests of separated children. *Disasters*. 18(3): 277-83.

This article discusses family tracing in disaster situations, which may raise issues such as children's rights and the importance of traditional coping mechanisms within communities.

Boyden, J. (1994). Children's experience of conflict related emergencies: Some implications for relief policy and practice. *Disasters*. 18(3):54-67.

This paper criticizes the standard relief interventions for traumatized children, specifically the "apocalypse model," which interprets relief intervention as only repair. The author argues for broader recognition of the population of traumatized children, and modified relief interventions for every emergency.

Peer-Reviewed Journal Articles (continued)

Breton, J.J., Valla, J.P., and Lambert, J. (1993). Industrial disaster and mental health of children and their parents. *Journal of the American Academy of Child and Adolescent Psychiatry*. 32(2):438-45.

This is a study of families following an industrial disaster on Montreal's South Shore in 1988, examining the correlation between the mental health of parents and their children, and the ability of parents to accurately monitor a child's reaction to a disaster.

Bromet, E.J., Goldgaber, D., Carlson, G., Panina, N., Golovakha, E., Gluzman, S.F., Gilbert, T., Gluzman, D., Lyubsky, S., and Schwartz, J.E. (2000). Children's well being 11 years after the Chernobyl catastrophe. *Archives of General Psychiatry*. 57(6):563-71.

This is a study evaluating the mental health status of 300 10 to 12-year-old evacuees in Kyiv, Ukraine, who were in utero or infants at the time of the Chernobyl disaster. Using data obtained from children, mothers, and teachers, it was determined that the trauma of the disaster was not passed on to the children.

Broughton, B.K. (2002). Assessing children's responses to terrorism. *Journal for Specialists in Pediatric Nursing*. 7(1):4.

This is a letter to the editor from a nurse at the Children's Hospital of Philadelphia calling for more resources on children exposed to disasters, specifically for nurses.

Clements, Jr., P.T. (2001). Terrorism in America: How do we tell the children? *Journal of Psychosocial Nursing and Mental Health Services*. 39(11):8-10.

This is an editorial summarizing the difficulties of providing disaster mental health services to children.

Coffman, S. (1998). Children's reactions to disaster. *Journal of Pediatric Nursing*. 13(6):376-82.

This is a review of children's reactions to disasters and subsequent mental health outcomes such as posttraumatic stress disorder.

Coffman, S. (1996). Parents' struggles to rebuild family life after Hurricane Andrew. *Issues in Mental Health Nursing*. 17(4):353-67.

This is a phenomenological study that discusses a need for nursing intervention to assist parents in rebuilding family life following the Hurricane Andrew disaster.

Coffman, S. (1994). Children describe life after Hurricane Andrew. *Pediatric Nursing*. 20(4):363-8, 375.

This is a nursing study of children left homeless by Hurricane Andrew. Children revealed negative feelings of uncertainty and stress, but also a positive sense of maturation.

Cohen, J.A. (2003). Treating acute posttraumatic reactions in children and adolescents. *Biological Psychiatry*. 53(9):827-33.

This is a review of trauma-focused, cognitive-behavioral therapy (TF-CBT) studies of traumatized children who have experienced sexual abuse within one to six months. The report focuses on the lack of research on the efficacy of providing early interventions to acutely traumatized children.

Peer-Reviewed Journal Articles (continued)

Cournos, F. (2002). The trauma of profound childhood loss: A personal and professional perspective. *Psychiatric Quarterly*. 73(2):145-56.

This paper examines posttraumatic stress disorder as a long-term effect of experiencing profound loss in childhood through the author's personal experience and recent literature.

Deering, C.G. (2000). A cognitive developmental approach to understanding how children cope with disasters. *Journal of Child and Adolescent Psychiatric Nursing*. 13(1):7-16.

The author applies cognitive developmental theory to case studies of flood victims to explain how children understand and react to disasters.

Goodman, R.F., Brown, E.J., and Courtney, M. (2002). Helping children affected by trauma and death. *The Harvard Mental Health Letter*. 18(12):4-5.

This article discusses the New York University Child Study Center that is servicing 5,000 traumatized children and 500 bereaved children of September 11 first responders. The author includes an overview of outreach materials, diagnostic tools, and lessons from the literature.

Green, B.L., Grace, M.C., Vary, M.G., Kramer, T.L., Gleser, G.C., and Leonard, A.C. (1994). Children of disaster in the second decade: A 17-year follow-up of Buffalo Creek survivors. *Journal of the American Academy of Child and Adolescent Psychiatry*. 33(1):71-9.

This is a long-term follow-up of child survivors of the Buffalo Creek dam collapse. Findings indicate that the children had recovered, and that increases in substance abuse were minimal. The study utilized the Psychiatric Evaluation Form, the Impact of Event Scale, the SCL-90, and the Structured Clinical Interview for DSM-III-R.

Hanze, D. (2002). How to help children and adolescents deal with the threat of terrorism. *Journal for Specialists in Pediatric Nursing*. 7(1):42-4.

This editorial discusses how to work with children's fears and anxieties, and how to treat children who have been severely traumatized.

Harbison, S. and Novak, J.C. (2002). Bioterrorism, children, and the United States' health and security. *Journal of Pediatric Health Care*. 16(5):265-6.

The author details the Bioterrorism Preparedness Act, which establishes initiatives such as national preparedness and response planning, development of national stockpiles, enhancement of controls on dangerous biologic agents, and protecting the safety of the water supply. This preparedness planning is contrasted with the national nursing shortage and an impending public health crisis if it is not resolved.

Peer-Reviewed Journal Articles (continued)

Hoven, C.W., Duarte, C.S., and Mandell, D.J. (2003). Children's mental health after disasters: The impact of the World Trade Center attack. *Current Psychiatry Reports*. 5(2):101-7.

This is a literature review of systematic studies published between 1999–2002 of posttraumatic stress disorder (PTSD) reactions in children. The paper further predicts emerging literature following the September 11 attacks, and a revitalization of the PTSD field.

Jeney-Gammon, P., Daugherty, T.K., Finch, Jr., A.J., Belter, R.W., and Foster, K.Y. (1993). Children's coping styles and report of depressive symptoms following a natural disaster. *The Journal of Genetic Psychology*. 154(2):259-67.

Discussed within the context of competing theories of childhood depression, the study examined the correlation between children's coping strategies and subsequent depressive symptoms following exposure to a disaster.

Jones, R.T., Ribbe, D.P., Cunningham, P.B., Weddle, J.D., and Langley, A.K. (2002). Psychological impact of fire disaster on children and their parents. *Behavior Modification*. 26(2):163-86.

This study measured the short-term mental health status of families victimized by a major wildfire. The high-loss group, determined by a Resource Loss Index, exhibited greater posttraumatic stress disorder (PTSD) symptoms than the low-loss group. PTSD symptoms were also significantly correlated between parents and their children.

Klingman, A., (2001). Israeli children's reactions to the assassination of the Prime Minister. *Death Studies*. 25(1):33-49.

The study employed the Bar-Ilan Picture Test for Children with fourth-grade Israeli children two days following the assassination of Prime Minister Yitzhak Rabin. Children's responses are similar to the findings of epidemiological studies of trauma and disaster.

Koplewicz, H.S., Vogel, J.M., Solanto, M.V., Morrissey, R.F., Alonso, C.M., Abikoff, H., Gallagher, R., and Novick, R.M. (2002). Child and parent response to the 1993 World Trade Center bombing. *Journal of Traumatic Stress*. 15(1):77-85.

This study compared children who had been in the World Trade Center bombing in 1993 with a control group using the Posttraumatic Stress Reaction Index and a Fear Inventory. Parents of the traumatized children were also interviewed. The exposed children exhibited symptoms of posttraumatic stress disorder and disaster-related fears.

La Greca, A., Silverman, W.K., Vernberg, E.M., and Prinstein, M.J. (1996). Symptoms of posttraumatic stress in children after Hurricane Andrew: A prospective study. *Journal of Consulting and Clinical Psychology*. 64(4):712-23.

This study employed five factors in a conceptual model to evaluate the evidence of posttraumatic stress disorder in third to fifth-grade children during the school year following Hurricane Andrew.

Peer-Reviewed Journal Articles (continued)

Laor, N., Wolmer, L., Spirman, S., and Wiener, Z. (2003). Facing war, terrorism, and disaster: Toward a child-oriented comprehensive emergency care system. *Child and Adolescent Psychiatric Clinics of North America*. 12(2):343-61.

The authors advocate for an ecological systems approach for children affected by disasters, appealing to institutions of health, education, and government to cooperate and network on local, national, and international levels to increase awareness and lessen the impact of disasters on children.

Leavitt, L.A. (2002). When terrible things happen: A parent's guide to talking with their children. *Journal of Pediatric Health Care*. 16(5):272-4.

This is a handout to be used by pediatric nurse practitioners to provide advice to parents regarding how to help their children in a disaster. The handout is divided into age brackets and offers guidance in recognizing signs of stress in children.

Libow, J.A. (1992). Traumatized children and the news media: Clinical considerations. *The American Journal of Orthopsychiatry*. 62(3):379-86.

This article appeals for clinical research to determine the extent of the news media's effect on child victims of disasters.

Lonigan, C.J., Shannon, M.P., Taylor, C.M., Finch, Jr., A.J., and Sallee, F.R. (1994). Children exposed to disaster: II. Risk factors for the development of post-traumatic symptomatology. *Journal of the American Academy of Child and Adolescent Psychiatry*. 33(1):94-105.

This study assessed levels of stress anxiety in children following Hurricane Hugo. Using the Posttraumatic Stress Disorder Reaction Index, 5,687 school-aged children were surveyed regarding their experiences and reactions. Results indicate higher rates of posttraumatic symptoms in females and younger children.

Luna, J.T. (2002). Collaborative assessment and healing in schools after large-scale terrorist attacks. *International Journal of Emergency Mental Health*. 4(3):201-8.

This article provides a guide to expanding school and community-based Critical Incident Stress Management (CISM) programs in schools to conduct large-scale assessments and action plans in response to the September 11 terrorist attacks.

McDermott, B.M. and Palmer, L.J. (1999). Post-disaster service provision following proactive identification of children with emotional distress and depression. *The Australian and New Zealand Journal of Psychiatry*. 33(6):855-63.

This is a proactive study of traumatized students in western Australia, six months following a bushfire, was conducted to identify the students most in need of limited therapeutic resources. The identified students exhibited emotional distress associated with the evacuation experience, trait anxiety, and fear of losing a parent.

McLellan, F. (2001). Psychologists warn of effects on bereaved children after U.S. terrorist attack. *Lancet*. 358(9288):1168.

This editorial discusses the release of emergency mental health funding from the Federal government to serve the thousands of bereaved children from the September 11 attacks.

Peer-Reviewed Journal Articles (continued)

Melnyk, B.M., Feinstein, N.F., Tuttle, J., Moldenhauer, Z., Herendeen, P., Veenema, T.G., Brown, H., Gullo, S., McMurtie, M., and Small, L. (2002). Mental health worries, communication, and needs in the year of the U.S. terrorist attack: National KySS survey findings. *Journal of Pediatric Health Care*. 16(5):222-34.

Keep your children/yourself Safe and Secure (KySS), a national campaign by the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP), conducted a national survey that determined a need for children/teens and their parents to communicate more freely with each other and with their medical providers to create opportunities for mental health interventions.

Milgram, N. and Toubiana, Y.H. (1996). Children's selective coping after a bus disaster: Confronting behavior and perceived support. *Journal of Traumatic Stress*. 9(4):687-702.

This study evaluated data obtained from 675 seventh graders following the deaths of 19 and injury of 14 classmates in a traffic accident. Results indicate that personal loss and situational variables affected confronting behavior and stress reaction levels.

Patt, H.A. and Feigin, R.D. (2002). Diagnosis and management of suspected cases of bioterrorism: A pediatric perspective. *Pediatrics*. 109(4):685-92.

A collection of fact sheets, diagnostic and treatment information, educational resources, and emergency contacts is provided for medical professionals in pediatrics regarding potential bioterrorism cases.

Pfefferbaum, B., Sconzo, G.M., Flynn, B.W., Kearns, L.J., Doughty, D.E., Gurwitch, R.H., Nixon, S.J., and Nawaz, S. (2003). Case finding and mental health services for children in the aftermath of the Oklahoma City bombing. *The Journal of Behavioral Health Services and Research*. 30(2):215-27.

The article summarizes the findings of an Oklahoma City bombing study of traumatized middle school children seven weeks following the disaster, as well as the role of school social services. Posttraumatic stress symptoms are associated with the initial response to the disaster and subsequent television media exposure.

Pfefferbaum, B., Doughty, D.E., Reddy, C., Patel, N., Gurwitch, R.H., Nixon, S.J., and Tivis, R.D. (2002). Exposure and peritraumatic response as predictors of posttraumatic stress in children following the 1995 Oklahoma City bombing. *Journal of Urban Health*. 79(3):354-63.

A study of 2,000 middle school children seven weeks after the Oklahoma City bombing determined that one's initial peritraumatic exposure is a strong indicator of posttraumatic stress over time.

Pfefferbaum, B., Nixon, S.J., Tivis, R.D., Doughty, D.E., Pynoos, R.S., Gurwitch, R.H., and Foy, D.W. (2001). Television exposure in children after a terrorist incident. *Psychiatry*. 64(3):202-11.

Within the context of emotional and physical exposure to the Oklahoma City bombing, this study of 2,000 middle school children in Oklahoma City revealed an association between the exposure to bomb-related television viewing and posttraumatic stress disorder (PTSD) symptomatology. The article advocates for research to determine whether television viewing predicts PTSD symptoms in children.

Peer-Reviewed Journal Articles (continued)

Pfefferbaum, B. (1997). Posttraumatic stress disorder in children: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*. 36(11):1503-11.

This is a literature review of posttraumatic stress disorder (PTSD) in children, specifically addressing factors such as comorbidity, gender, age, developmental level, cultural competence, and children's response to disaster. The author further summarizes the assessment, treatment, and clinical presentation of PTSD over the past decade, and addresses the lack of longitudinal research.

Pine, D.S. and Cohen, J.A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric sequelae. *Biological Psychiatry*. 51(7):519-31.

This is a literature review summarizing research on factors that predict psychiatric consequences in children exposed to trauma, as well as the positive outcomes of cognitive behavioral therapy (CBT) in children victimized by sexual abuse. The review advocates for CBT as a tool to ease anxiety symptoms in children exposed to terrorism.

Poster, E.C. (2002). Helping children respond to 9/11. *Journal of Child and Adolescent Psychiatric Nursing*. 15(2):43-7.

This is a collection of letters from clinicians in the field responding to children and schools after September 11.

Pynoos, R.S., Goenjian, A.K., and Steinburg, A.M. (1998). A public mental health approach to the postdisaster treatment of children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*. 7(1):195-210.

This article extols the importance of mental health intervention programs for children exposed to disaster and guides mental health officials in implementing triage and treatment procedures.

Schonfeld, D.J. (2002). Almost one year later: Looking back and looking ahead. *Journal of Developmental and Behavioral Pediatrics*. 23(4):292-4.

A commentary discussing the developmental-behavioral pediatrics field in the year following September 11, 2001. The author advises parents on how to talk to their children about anniversary events and provides guidance to teachers on addressing grief in the classroom.

Seidman, R.Y., Hutchinson, B., Buckner, S.K., Myers, S.T., Miller-Boyle, D., MacRobert, M., and Heath, S. (1998). The response of children to disaster. *The American Journal of Maternal Child Nursing*. 23(1):37-44.

A study of children's reactions to the Oklahoma City bombing, obtained through the analysis of a random sample of 1,005 items sent to the Children's Hospital of Oklahoma from classrooms, church groups, and individuals across the country. The letters, pictures, stories, jokes, and journals gave researchers insight into the grieving process of children nationwide.

Peer-Reviewed Journal Articles (continued)

Shaw, J.A. (2003). Children exposed to war/terrorism. *Clinical Child and Family Psychology Review*. 6(4):237-46.

The article discusses the prevalence of psychological morbidities in children exposed to war or terrorism, specifically in the context of child soldiers, effects of parental absence, refugee status, and traumatic bereavement. The psychological reactions of war-related stressors are outlined, as well as possible indicators of posttraumatic stress disorder. Future research topics are recommended.

Shaw, J.A., Applegate, B., and Schorr, C. (1996). Twenty-one month follow-up of school-age children exposed to Hurricane Andrew. *Journal of the American Academy of Child and Adolescent Psychiatry*. 35(3):359-64.

A study examining the posttraumatic stress symptoms in 30 school-age children, exposed to Hurricane Andrew, over a 21-month period using Pynoos' Posttraumatic Stress Disorder Reaction Index and Achenbach's Teacher's Report Form.

Stoppelbein, L. and Greening, L. (2000). Posttraumatic stress symptoms in parentally bereaved children and adolescents. *Journal of the Academy of Child and Adolescent Psychiatry*. 39(9):1112-9.

A study comparing posttraumatic stress symptoms between a parentally bereaved group of children, a disaster group, and a non-trauma control group. Parentally bereaved children reported more posttraumatic stress symptoms than the other two groups.

Stuber, J., Fairbrother, G., Galea, S., Pfefferbaum, B., Wilson-Genderson, M., and Vlahov, D. (2002). Determinants of counseling for children in Manhattan after the September 11 attacks. *Psychiatric Services*. 53(7):815-22.

A study of children living in Manhattan during the September 11 attack, who received counseling, revealed that their parents' own level of posttraumatic stress determined the extent of the child's counseling. A discussion of school-based counseling is included.

Swick, S.D., Jellinek, M.S., Dechant, E., and Belluck, J. (2002). Children of victims of September 11th: A perspective on the emotional and developmental challenges they face and how to help meet them. *Journal of Developmental and Behavioral Pediatrics*. 23(5):378-84.

This article advises parents of bereaved children of September 11 victims on the role of the surviving parent, depression in children, the influence of the nature of the parent's death, and developmental concerns. The authors promote resiliency and grief counseling.

Veenema, T.G. and Schroeder-Bruce, K. (2002). The aftermath of violence: Children, disaster, and posttraumatic stress disorder. *Journal of Pediatric Health Care*. 16(5):235-44.

The article describes the relationship between children who have been exposed to trauma and posttraumatic stress disorder (PTSD) and various symptoms of PTSD.

Peer-Reviewed Journal Articles (continued)

Wolmer, L., Laor, N., and Yazgan, Y. (2003). School reactivation programs after disasters: Could teachers serve as clinical mediators? *Child and Adolescent Psychiatric Clinics of North America*. 12(2):363-81.

The article proposes a solution to the avoidance of treatment by posttraumatic stress disorder victims by employing teachers as mediators in large-scale interventions within schools.

SAMHSA and Other Publications

SAMHSA's National Mental Health Information Center

Center for Mental Health Services

Age-specific Interventions at Home for Children in Trauma: From Preschool to Adolescence

SAMHSA's National Mental Health Information Center

Center for Mental Health Services

Cómo ayudar a los niños a vérselas con el miedo y la ansiedad

SAMHSA's National Mental Health Information Center

Center for Mental Health Services

Helping Children Cope With Fear and Anxiety

SAMHSA's National Mental Health Information Center

Center for Mental Health Services

How Families Can Help Children Cope with Fear and Anxiety

SAMHSA's National Mental Health Information Center

Center for Mental Health Services

Reaction of Children to a Disaster

American Academy of Pediatrics

Family Readiness Kit: Preparing to Handle Disasters

National Institute of Mental Health

Helping Children and Adolescents Cope with Violence and Disasters

State Program Materials

California FEMA Crisis Counseling Program

Coping Strategies for Adolescents After a Disaster

California FEMA Crisis Counseling Program

Helping Children After a Disaster

Florida FEMA Crisis Counseling Program

Checklist for Parents: Did the Disaster Affect Your Child?

Guam FEMA Crisis Counseling Program

Teaching Aids for Emotional Recovery After a Disaster

State Program Materials (continued)

Missouri FEMA Crisis Counseling Program

Children's Responses to Trauma: Preschool Through Second Grade

Pennsylvania FEMA Crisis Counseling Program

...And the Next Day, the Kids Came to School: Lesson Plans for Teachers

Texas FEMA Crisis Counseling Program

My Disaster Book